

**NOVA SCOTIA AGRICULTURE COLLEGE DAY CARE**  
**43 College, P.O. Box 550 Truro, N S B2N 5E3**  
**Phone(902) 893-6501 Fax(902) 896-2413 E-mail *daycare@nsac.ca***

**APPLICATION FORM**

Date Admitted \_\_\_\_\_

Days Registered \_\_\_\_\_

Name of Child	
Nickname	
Birth Date	
Child's Health Card Number	
Child's Address	
Postal Code	

FATHER	MOTHER
Name	Name
Address	Address
Phone (home) (work) (cell)	Phone (home) (work) (cell)
Employed by	Employed by

In the event of an emergency or illness and neither parent can be reached, please list the name , address and phone number of two contact persons:

Name	Address	Phone

Please list the persons who will be picking up or delivering your child to the Day Care. **The center must have written or verbal permission by a parent before a child will be released.**

Name	Address	Phone

Other Children in the Family

Name	Birth Date

Has your child ever attended Daycare? If so, where? \_\_\_\_\_  
 \_\_\_\_\_

What are your expectations for your child at Daycare? \_\_\_\_\_  
 \_\_\_\_\_

Eating Habits: Hearty Eater \_\_\_\_\_ Picky Eater \_\_\_\_\_

Food Likes : \_\_\_\_\_

Food Dislikes : \_\_\_\_\_

Rest Time : Sleep \_\_\_\_\_ Rest \_\_\_\_\_

Known Allergies : \_\_\_\_\_

Which of the following does your child have or is prone to:

Description	Yes	No	Description	Yes	No
Speech Difficulties			Epilepsy Attacks		
Temper Tantrum			Frequent Colds		
Drug Reaction			Frequent Earaches		
Hay Fever			Asthma		
Other					

Has your child had?

Description	Yes	No	Description	Yes	No
Measles			German Measles		
Chicken Pox			Mumps		
Whooping Cough			Rheumatic Fever		
Bronchitis			Pneumonia		
Convulsions			Ear Infections		
Croup			Hay Fever		
Skin Conditions			Eye Infections		

Immunizations

	Date(s)	Date of Booster
Polio		
Diphtheria		
Pertussis		
Tetanus		
M.M.R		

Family Doctor : \_\_\_\_\_

Does your child run high fevers? \_\_\_\_\_

Please list any unusual injuries, operations or traumatic experiences which your child has had: \_\_\_\_\_

\_\_\_\_\_

Please list any fears that your child has that you are aware of: \_\_\_\_\_

\_\_\_\_\_

Is there anything we should know about your child which would aid the staff in their response to individual needs? If so, please list below. \_\_\_\_\_

\_\_\_\_\_

# AUTHORIZATION

Authorization is given to allow my child to be taken on offsite excursions with the understanding that safety precautions will be taken; to be examined by a public health nurse when deemed necessary, to be transported by ambulance to the hospital in the event of sudden illness or accident when parent or guardian cannot be reached or when time necessary to contact parent or guardian indicates an unnecessary delay in seeking proper attention.

This authorization agreement will stand from this day until the termination of the child's attendance at the center unless specific notification in writing is given to the Administrator of the center to end authorization.

Signature \_\_\_\_\_ Signature \_\_\_\_\_  
(Parent/Guardian) (Parent/Guardian)

Date \_\_\_\_\_ Date \_\_\_\_\_

All information contained in this form will be kept in confidence.

Signed as received \_\_\_\_\_

Date \_\_\_\_\_

## N.S.A.C. DAYCARE POLICY

### **Fee and Payment**

All payments must be made by postdated cheques unless otherwise approved by the treasurer. Postdated cheques are to be written to: *N.S.A.C. DayCare*. Parents may choose to pay weekly or biweekly. Cheques must be postdated for every Friday for weekly payment; or every second Friday for bi-weekly payment to cover previous week(s) attendance. Cheques are to be written in advance three times a year as follows:

- for the 4-month period from Sept. 01 - Dec. 31 cheques must be submitted August 15
- for the 4-month period from Jan. 01 - April 30 - cheques must be submitted December 15
- for the 4-month period from May 01 - August 31 - cheques must be submitted by April 15

Receipts for income tax purposes are issued annually, in January, for the previous calendar year.

NSF(non-sufficient funds) cheques will result in a charge of \$20.00 per returned cheque(additional to any incurred bank charges, payable to N.S.A.C. Day Care)

### **Government Holidays**

All government holidays (New Year's Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday, Labor Day, Thanksgiving Monday, Remembrance Day, Christmas Day, Boxing Day)the Day Care will be closed. If these government holidays occur during Monday to Friday and the child is registered for that day, **full payment is due.**

### **Non - Attendance**

Anytime a child is not in attendance during a registered Day Care day, **full payment is due.** Such days may include family vacation periods or sick days. *After one year of continuous attendance* at the Day Care and during *a period of non-attendance*, each child is entitled to the number of days he/she attends per two weeks as a pay exemption.

### **Termination of Services**

One month's written notice of a child's withdrawal from the Day Care is required. Failure to provide this notice will result in a charge equivalent to the child's Day Care monthly rate, refer to NSAC Day Care Termination Notice. When a child is withdrawn from the Day Care, the space will not be held and the space must be reapplied for if a family wishes to return.

### **Registration**

To reserve a space for your child, the NSAC Day Care Application Form must be completed, signed and returned to the Day Care Manager. There is a non refundable registration fee of \$50.00. Incomplete applications will not be accepted.

### **Illness**

To reduce the spread of sickness in the center, the following guidelines will be followed. If the child has any of the following symptoms: vomiting, diarrhea and or fever the parents will be contacted to come pick up the child. The child can not return until he/she is symptom-free. For communicable diseases such as measles, chicken pox, mumps, flu, strep throat, viral pneumonia, head lice, etc., the child cannot return to the center without written permission from the doctor indicating that the illness is not a hazard to the other children.

Please read carefully and sign below indicating you agree to conform to these policies

\_\_\_\_\_  
Parent(s) Signature

\_\_\_\_\_  
Parent(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## **NSAC Day Care Termination of Services Notice**

Child's Name: \_\_\_\_\_ Date of Notice: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Termination Date: \_\_\_\_\_

I hereby give notice that my child will no longer be attending the NSAC Day Care. His/her last day is the date written above as *Termination Date*. I understand that if I have not given one month's written notice I am responsible to pay for one month in lieu of notice.

Termination of a child's attendance is not an acceptable procedure to avoid Day Care costs during periods of non-attendance (refer to NSAC Day Care Policy). Therefore, a child may not be re-admitted to the Day Care with less than a three-week lapse.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Day Care Representative's Signature